P	E 4.		Complete if Known						
	Feespursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).				Application Number		09/232,880		
	3 1986 EFEE TRANSMITTAL				Filing Date		January 15, 1999		
1	,	پُر For FY 2006				First Named Inventor		Jiangchun Xu	
			Examiner Name		Alana M. Harris, Ph.D.				
8.7	TOTAL AMOUNT OF PAYMENT (\$)1,810				Art Unit		1643		
,	TOTAL AMOUNT OF		Attorney Docket No. 210121.428C6						
į	METHOD OF PAYMENT (check all that apply)								
	Check Credit Card Money Order Other (please identify):								
	Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC								
	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
	☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee ☐ Charge any additional fee(s) or underpayments ☐ Charge any underpayments ☐ Charge any underpayments ☐ Charge fee(s) indicated below, except for the filing fee								
	☐ Charge any additional fee(s) or underpayments ☐ Charge any underpayments or credit any overpayments of fee(s) under 37 CFR 1.16 and 1.17								
	Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
	FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)								
	1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FILING FEES			SEARCH FEES			IINATION EES		
		Small Ent		ty Small Entity		!	Small Entity		
	Application Type	Fee (\$)	<u>Fee (\$)</u>	<u>Fee (\$)</u>	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)	
	Utility	300	150	500	250	200	100		
	Design	200	100	100	50	130	65		
	Provisional	200	100	0	0	0	0		
	2. EXCESS CLAIM I	FEES					_	Small Entity	
	Fee Description						<u> </u>	Fee (\$) Fee (\$)	
	Each claim over 20 (in	-						50 25	
	Each independent clair	5)				200 100			
	Multiple dependent cla			44.		360 180			
	Total Claims Extra Claims			Fee (\$) Fee Paid (\$)			Dependent Claims		
	9 -20 or HP	_	Χ	=			<u>Fee (\$)</u>	Fee Paid (\$)	
	HP = highest number			_		(4)			
	Indep. Claims	Extra Cla		ee (\$)	Fee Paid	<u>(\$)</u>			
	<u>5</u> -3 or HP ≐ <u>0</u> X =								
	HP = highest number of independent claims paid for, if greater than 3.								
	3. APPLICATION SIZE FEE								
	If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)) the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
	Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
	100 = /50 = (round up to a whole number) x								
	4. OTHER FEE(S) Fees Paid (\$)								
	Non-English Specification, \$130 fee (no small entity discount)								
	Other (e.g., late filing surcharge): Request for Continued Examination (RCE) fee 790								
	Petition for Extension of Time (3 months) 1,020								
	SUBMITTED BY								
	Signature	Desta	kerty 51,9	Regi (Atto	stration No. rney/Agent)	42,676	Telephone	206-622-4900	
	Name (Print/Type)	lame (Print/Type) Jeffley Hundley, Ph.D., Ratent Agent						November 3, 2006	